

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CR-16-108
DEFENDANT Miguel Trujillo	TYPE OF PROCESS Preliminary Order of Forfeiture

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
United States Marshals Service
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 225 Cadman Plaza East, NY 11201

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
ROBERT L. CAPERS, United States Attorney Eastern District of New York 271 Cadman Plaza East, Seventh Floor Brooklyn, New York 11201 Attn: AUSA Brian Morris	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Please execute as directed in the Preliminary Order of Forfeiture and deposit check # 1523906613 in the amount of \$50,000 in to the seized deposit fund.

CATS ID # 16-FBI-002329

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Miguel Brian Morris</i>	<input type="checkbox"/> DEFENDANT	718 254-7000	3/31/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY. DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>33</i>	District to Serve No. <i>33</i>	Signature of Authorized USMS Deputy or Clerk <i>Miguel Brian Morris</i>	Date <i>3/31/16</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <i>APR - 1 2016</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Service Fee <i>10</i>	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges <i>10</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *\$50,000.00 deposited into SADF on APR - 1 2016*

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED